

Home Improvement Contractor Grandfathering Application

State of Arkansas CONTRACTORS LICENSING BOARD



\$100.00 Filing Fee - NON-REFUNDABLE

MAIL TO:

CONTRACTORS LICENSING BOARD
4100 RICHARDS ROAD
NORTH LITTLE ROCK, ARKANSAS 72117
Main Phone Number (501) 372-4661
FAX Number (501) 372-2247
Web Site: www.arkansas.gov/clb

**This Grandfathering Period is ONLY from
July 27, 2011 to December 31, 2011**

1.

Type of License Applying For

You can apply for a “limited license” or an “unlimited license”.

With a “limited license” you can **ONLY** do residential home improvement projects that are \$20,000 or less, including, but not limited to, labor and material.

With an “unlimited license” you can do residential home improvement projects of any size.

Please check the box for the license you are applying for.....

☐

“Limited License”

(“Limited license” means you can **ONLY** do residential home improvement projects that are \$20,000 or less, including, but not limited to, labor and material.

See page 3 for instructions.)

☐

“Unlimited License”

(“Unlimited license” means you can do residential home improvement projects of any size.

See page 4 for instructions.)

Instructions for a “Limited License”

1. Enclose a check or money order for \$100.00 for the filing fee made payable to the Contractors Licensing Board (**this fee is NON-REFUNDABLE**). CASH NOT ACCEPTED.
2. Complete Page 5.
 - a. If applying as an individual, put your name in the “company or individual name” space.
 - b. If applying as something other than an individual (corporation, LLC, etc.), put the company name in the “company or individual name” space.
 - c. Indicate the type of entity applying for a license by circling one of the options.
 - d. Complete the remainder of page 5.
 - e. The “qualifier” listed at the bottom of page 5 is the person for whom the written exam is being waived. Every license must have a qualifier.
3. Complete Page 6.
 - a. If the applicant is a corporation, LLC, LP or a partnership, provide the information requested.
 - b. Provide a list of all owners of the business who own 10% or more. Provide the last 4 digits of each person’s Social Security Number.
4. If you are applying as a Corporation, LLC, or LP you will need to attach a copy of the Articles/Filings from your entity’s Secretary of State’s Office. Also, if you have registered a fictitious name for this company you will need to attach a copy of the fictitious name registration.
5. Classification(s).

List on page 7 the classification(s) you are requesting. See the list of classifications available on page 8.
6. Experience.
 - a. The experience information on page 9 must show proof of experience for the classification(s) you requested on page 7.
 - b. If you have pulled at least one permit in the last year, attach a copy of that permit along with completing the information on page 9 for that project. If you are seeking multiple classifications, it may be necessary to provide information on more than one project. **A classification will not be included on your license if you do not provide proof of experience in that classification.**
 - c. If you have not pulled a permit within the last year, but have pulled 5 permits within the last 3 years, attach a copy of those 5 permits along with completing the information on page 9 for those projects. If you are seeking multiple classifications, it may be necessary to provide information on more than one project. **A classification will not be included on your license if you do not provide proof of experience in that classification.**
 - d. If you have not pulled the required number of permits, complete page 9 and provide any additional information in order for the committee to consider your request. (If you are seeking multiple classifications, it may be necessary to provide information on more than one project.) **A classification will not be included on your license if you do not provide proof of experience in that classification.**
7. Page 10 must be completed, signed, and notarized. The notary signature and seal must be included. If you are applying as a corporation, LLC, partnership, etc., complete the top affidavit. If you are applying as an individual, complete the bottom affidavit.
8. You DO NOT have to complete the financial statement on page 11. The financial statement is for an “unlimited license” application ONLY.

Instructions for an “Unlimited License”

1. Enclose a check or money order for \$100.00 for the filing fee made payable to the Contractors Licensing Board (**this fee is NON-REFUNDABLE**). CASH NOT ACCEPTED.
2. Complete Page 5.
 - a. If applying as an individual, put your name in the “company or individual name” space.
 - b. If applying as something other than an individual (corporation, LLC, etc.), put the company name in the “company or individual name” space.
 - c. Indicate the type of entity applying for a license by circling one of the options.
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4. If you are applying as a Corporation, LLC, or LP you will need to attach a copy of the Articles/Filings from your entity’s Secretary of State’s Office. Also, if you have registered a fictitious name for this company you will need to attach a copy of the fictitious name registration.
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7. Page 10 must be completed, signed, and notarized. The notary signature and seal must be included. If you are applying as a corporation, LLC, partnership, etc., complete the top affidavit. If you are applying as an individual, complete the bottom affidavit.
8. Complete the financial statement on page 11 for the entity applying for the license.
9. You must have workers compensation insurance coverage. Provide us with a current certificate of insurance verifying workers compensation insurance coverage. Arkansas Contractors Licensing Board must be listed as the certificate holder.

Home Improvement Contractors Grandfathering Application

Do not write in this space
OFFICIAL USE ONLY

Filing Fee: _____ **ID#:** _____

Type of License: **Limited** **Unlimited**

**PRINT NAME OF INDIVIDUAL OR FIRM AS YOU WISH IT TO APPEAR ON LICENSE.
IF APPLYING OTHER THAN AN INDIVIDUAL, YOU MUST USE THE EXACT NAME AS
REGISTERED WITH THE SECRETARY OF STATE OFFICE.
APPLICANTS MUST CONDUCT THEIR CONTRACTING BUSINESS UNDER
THE EXACT NAME SHOWN UPON THEIR LICENSE**

Company or Individual Name _____

D/B/A Name _____
(Doing Business As)

Indicate the type of entity seeking a license by circling one of the choices below:

INDIVIDUAL CORPORATION PARTNERSHIP LLC LP OTHER _____

If applying as Corporation / LLC, list the Federal ID# _____

If applying as an Individual, LLC, or Partner, list the Social Security Number(s) for either the individual, members, or partners _____

Mailing Address _____ City _____ State _____

Zip Code _____ County/Parish _____

Name of Person to Contact With Any Questions _____

Contact Phone _____ Fax Number _____

E-mail Address _____

Complete the following information for the person that will be the qualifier

(The "qualifier" is the person for whom the written exam is being waived. All licensees must have a qualifier. If you update your license to a higher classification at a later date an AR Business & Law passing test score will be required.)

Name _____ Social Security # _____

How long have you been with this company? _____ Position held with this company _____

Check one of the following: _____ Full time paid employee (with W-2 income)
_____ Officer, member, or partner of the company and is actively
involved in the day to day operations
_____ Sole Owner

COMPANY INFORMATION

Note: *"You" means, for the purpose of the following questions, this organization, any officer of the company, the qualifier of this company, you, or anyone who owns 10% or more of the entity.*

- 1) Have you ever had a contractors license or been associated with a contractors license in this or any other state? Yes___ No___ **If yes, attach separately details.**
- 2) Have you ever been penalized, or disciplined by the Arkansas Contractors Licensing Board or the Arkansas Residential Committee? Yes___ No___ **If yes, attach separately details.**

For CORPORATION, LLC, or LP DATA Use Only:

Date incorporated _____

President _____	Social Security # _____
Vice-President _____	Social Security # _____
Secretary _____	Social Security # _____
Treasurer _____	Social Security # _____

For PARTNERSHIP Use Only:

Date Partnership Formed _____

Indicate the type of partnership by circling one of the choices below:

General Limited Associated

List all stockholders, members, or partners who own 10% or more interest in this entity (please print each name) along with the last four (4) digits of each ones social security number.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CLASSIFICATION

You can apply for a complete “residential remodeler” classification or for one or more “residential specialty” classifications. Proof of experience performing the type of work requested is required on page 9 in order to receive any classification.

Are you applying for:

_____ “Residential Remodeler” (Note: Proof of experience showing sufficient to showing experience as a residential remodeler is required.)

_____ “Residential Specialty”. List the specialty classification(s) requested below. See the entire list of specialty classifications on page 8. (Note: Proof of experience sufficient to show experience in each specialty classification requested is required.)

“Residential Specialty” Classifications

1. **Residential Remodeler**
(This classification includes all of the specialty classifications that are listed below along with additions.)
2. **Specialties**

A contractor may obtain one or more of the Specialty Classifications by proper qualifications shown. The Specialty Classifications are:

Awnings, Canopies
Base & Paving

- a. Base Construction
- b. Hot & Cold Mixes
- c. Surface Treatment
- d. Asphalt
- e. Concrete Paving

Boat Docks
Carpentry, Framing, Millwork, Cabinets
Ceilings, Wall Systems, Acoustical Treatments
Chimneys, Fireplaces
Communication, Computer or Sound Systems, Cabling
Concrete
Countertops
Demolition
Detached Garage, Storage Building, Detached Structures
Drywall
Excavation
Fencing, Gates
Floors, Floor Covering
Foundation Construction or Drilling, Pile Driving, Stabilization
Glass, Glazing, Doors, Windows
Grading & Drainage (Including Grading, Drainage, Pipe & Structures, Culverts, Clearing, Grubbing & Rip Rap)
Greenhouses, Sunrooms
Insulation
Kitchen, Bathroom Renovations
Landscaping, Irrigation, Lawn Sprinkler Systems, Streams
Lathe, Plaster, Stucco, Dryvit, EIFS
Masonry
Metal Studs, Walls
Overhead Doors
Painting, Wallcovering
Rebar
Retaining Walls
Roofing, Roof Decks
Siding, Soffit, Facia, Gutters
Skylights, Solar Systems
Special Coatings or Applications, Caulking, Waterproofing
Steel, Alloy, Ornamental, Metal Fabrication, Welding
Swimming Pools, Spas
Tile, Terrazzo, Marble

Experience Information

(If additional space is needed please attach separately.)

ANSWER ALL OF THE FOLLOWING QUESTIONS

Project #1

Date construction was started _____

Date construction completed _____

Owner's name _____

Owner's address _____

Type of Work _____

Location of construction _____

County _____

City _____

State _____

Project #3

Date construction was started _____

Date construction completed _____

Owner's name _____

Owner's address _____

Type of Work _____

Location of construction _____

County _____

City _____

State _____

Project #5

Date construction was started _____

Date construction completed _____

Owner's name _____

Owner's address _____

Type of Work _____

Location of construction _____

County _____

City _____

State _____

Project #2

Date construction was started _____

Date construction was completed _____

Owner's name _____

Owner's address _____

Type of Work _____

Location of construction _____

County _____

City _____

State _____

Project #4

Date construction was started _____

Date construction was completed _____

Owner's name _____

Owner's address _____

Type of Work _____

Location of construction _____

County _____

City _____

State _____

AFFIDAVIT FOR COMPANY (Corporation, LLC, LP or Partnership)

I, _____, being duly sworn, state under oath:

(Officer/Member/Partner Name)

That I am _____ of _____;

(Position held)

(Company Name)

Further, that the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that I am familiar with the books and records of the above mentioned company showing its financial condition; that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from the books and records of said company and form a true and accurate statement of the financial condition of said company as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq.

(Applicant Sign Here)

State of _____

County of _____

Acknowledged before me, this _____ day of _____, 2011

My Commission expires: _____

(Notary Public Signature) & Seal

AFFIDAVIT FOR INDIVIDUAL

I, _____ being duly sworn, states under oath:

(Individual's Name)

That the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from my books and records and form a true and accurate statement of my financial condition as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq.

State of _____

(Applicant Sign Here)

State of _____

County of _____

Acknowledged before me, this _____ day of _____, 2011

My Commission expires: _____

(Notary Public Signature) & Seal

Financial Balance Sheet

(For “Unlimited License” ONLY)

CONTRACTORS LICENSING BOARD

4100 Richards Road
North Little Rock, AR 72117

THIS FORM IS FOR RESIDENTIAL USE ONLY

IMPORTANT READ CAREFULLY: It is mandatory that your financial statement be submitted accurately and in accordance with the provisions of Ark. Code Ann. 17-25-506 and **MUST BE SIGNED BY THE APPLICANT**. The committee will also accept a CPA prepared Audit, R

Date of Balance Sheet
Business Name of Company / Sole Proprietorship
Business Address of Company / Sole Proprietorship

Note: Any willful misrepresentation could result in a violation and loss of license.

Current Assets	Amount	Explanation
Cash		
a. In Banks		
b. Elsewhere (explain)		
Accounts Receivable		
Work in progress unbilled		
Notes Receivable		
Materials in Stock (not included in above)		
Other Current Assets (explain)		
Total Current Assets		

Fixed Assets	Amount	Explanation
Equipment		
Furniture & Fixtures		
Real Estate		
Other Fixed Assets (explain)		
Less Depreciation from form 4562 tax return		
Total Fixed Assets		

Other Assets	Amount	Explanation
Other (list)		
Total Other Assets		
TOTAL ALL ASSETS		**

Current Liabilities	Amount	Explanation
Accounts payable		
a. Not Past Due		
b. Past Due		
Due to Subcontractors		
a. Not Past Due		
b. Past Due		
Federal Taxes Due		
a. Payroll Taxes Federal Withholding		
b. FICA and Medicare Taxes		
c. Company Fed. Income Taxes Owed		
d. Federal Unemployment Taxes		
State Taxes Due		
a. Payroll Taxes State Withholding		
b. Company State Income Taxes Owed		
d. State Unemployment Taxes		
Notes Payable (Not for Equipment)		
Liens		
Judgments		
Other (explain)		
Total Current Liabilities		

Long Term Liabilities	Amount	Explanation
Debt for Equipment		
Debt on Real Estate		
Other Long Term Debt		
Total Long Term Liabilities		
TOTAL ALL LIABILITIES		**

Equity	Amount	Explanation
Equity (Total All Assets Less Total All Liabilities) **		
TOTAL EQUITY		

A positive net worth is required to qualify

TOTAL ALL LIABILITIES Plus EQUITY (Must Equal TOTAL ALL ASSETS)	
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